Foster Family Home - Corrective Action Report

Provider ID:

1-200023

Home Name:

Edilbert Teppang, NA

Review ID:

1-200023-1

1582 Lehua Street

Reviewer:

David Ayling

Honolulu

96819

Begin Date:

7/27/2020

Foster	Family	Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/16/20.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprints for CG #2, HHM #2, and HHM#3.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #2 and HHM #3.

Compliance Manager

Primary Care

7/27/2020 Date 7/27/2020

7/27/2020 21:44 PM

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CC	FFH Certificate: Ed	albert Teppana	
		street, Hon HI abpla	
		(PLEASE PRINT)	

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(2)	I recieved current APS/CAN/field print and TB clearance FOR C6 #2 HHM#2 and HHM#3 I placed them in my ccffH binder	8/6/20	I put the experation dates for APS/CAN Finger prints and TB For all LG'S and HHM's om my iphone calendar I seed set the reminder for 1 month prior to expiration

All items that were fixed are attached to this CAP	
PCG's Signature:	Date:8//6/2020
CTA has reviewed all corrected items	